

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF PUBLIC HEALTH AND WELFARE

62-034867
4646 STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4646

FILED SEP 24 1962

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59
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28156
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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Kansas b. COUNTY Johnson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Length of stay in 1b 1 Month	c. CITY OR TOWN Leawood
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Luke's Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 9706 Overbrook Road
3. NAME OF DECEASED (Type or print) First Middle Last JESSICA B LOGAN			4. DATE OF DEATH Month Day Year September 9 1962
5. SEX Female	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 4/2/1900
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Vice President		10b. KIND OF BUSINESS OR INDUSTRY Missouri Plating Company	11. BIRTHPLACE (City and state or country) Rochester, Kentucky
13a. FATHER'S NAME John T. Jackson		13b. MOTHER'S MAIDEN NAME Alice G. England	14. NAME OF HUSBAND OR WIFE Roy W. Logan
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		17. INFORMANT Address Roy W. Logan, 9706 Overbrook Road Leawood, Kansas	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Uremic Colon with Metastases</u> DUE TO (b) <u>to Liver, Lung & Brain</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH 1.2 yrs.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION	COUNTY STATE
21. I attended the deceased from <u>July 1962</u> to <u>Sept 9 62</u> and last saw her ^{her} _{him} alive on <u>Sept 8 62</u> Death occurred at <u>3:49 A.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>aw Robinson MD.</u>		22b. ADDRESS <u>43 W. Journal</u>	22c. DATE SIGNED <u>9-10-62</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) Entombment		23b. DATE Sept. 11, 1962	23c. NAME OF CEMETERY OR CREMATORY Mount Moriah
24. FUNERAL DIRECTOR D.W. Newcomer's Sons, Kansas City, Mo		23d. LOCATION (City, town, or county) Kansas City Missouri	25. DATE RECD. BY LOCAL REG. 9-11-62
26. REGISTRAR'S SIGNATURE <u>Ruth Long</u>			

USE BLACK INK OR TYPEWRITER RIBBON

1:30-5:20
Dr. A. W. Robinson
4520 Wornall Road
JE 1 0552 - 208 Suite

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student/Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed Dean W. Huff

Licensed Embalmer No. 4914

P.O. Address Indy, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.